

Condon School District 25J

Code: **EDC/KG/KGF-AR(2)**

Revised/Reviewed: 1/08/02; 11/09/05; 11/20/08;
4/13/16

Orig. Code(s): EDC/KG/KGF-AR(2)

District Property Use Request

Condon School District 25J
210 East Bayard Street
Condon, OR 97823
(541)384-2581

Date: _____

The (organization)_____ requests the use of (facility and/or equipment)

_____ on (day)_____, (date) _____

from (time) _____ to (time) _____.

Additional Information _____.

The purpose of this use is for _____.

Terms and Conditions of Facility Equipment or Grounds Use

1. It is agreed that the party or parties using the school facility or equipment will exercise every care in protecting district property and in the event damage results from improper use will reimburse the district for repairs or loss.
2. All authorized use of district facilities, equipment or grounds requires the user to leave the district facilities, equipment or grounds in a condition equal to or better than when authorized for use.
3. District grounds/facilities will be adequately policed during the authorized activity and extreme care will be exercised to prevent any damage to district property and buildings. Any expense incurred due to damage will be the responsibility of the user.
4. All litter, glass, etc., resulting from authorized usage will be removed from the premises at the user's expense immediately following the activity.
5. The individual, group or agency using district property must provide proof of liability insurance for the requested activity or provide a signed waiver from individuals participating in event.
6. Alcoholic beverages shall not be present or consumed in school facilities or on district premises or grounds.
7. Smoking is prohibited.

8. Any violation or wanton disregard of district policy will result in automatic forfeiture of deposit and denial of future use requests.

My signature below confirms that I have carefully read and agree with the terms and conditions for use of district facilities, equipment and/or grounds.

Organization Representative: _____ Date: _____

Address & Phone Number: _____

Please submit this form to the district office no later than five days prior to date of desired facility use. Proof of liability insurance for the requested activity or signed waivers from individuals participating in the event and applicable deposits must accompany this request.

Principal/Superintendent Authorization: _____

Date of Authorization: _____

FOR DISTRICT USE ONLY

Attach the following to the original request for filing:

- Proof of Liability Insurance or copies of signed waivers
- Custodian Fees (if applicable)
- Rental Fees (if applicable)

Key provided: Yes No

If yes, initial of organization representative: _____

If Applicable, date key returned: _____

Key received by: _____

Copies To:

Organization Representative
District Office
Custodian